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Application Number	09/733775
Filing Date	12-8-2000
First Named Inventor	HANS A. MISCHKE
Title	METHODS + DEVICES FOR TREATMENT OF BONE FRACTURES
Art Unit	3772
Examiner Name	NIHIL B. PATEL
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Hans Mischke</i>	Date	11/15/10
Name	HANS MISCHKE	Telephone	320 282 0717
Title and Company	APPLICANT / INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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